Year	Number of persons covered	Amount of Premium (Rs. in crores)
1997-98	27,83,862	215.70
1998-99	35,34,417	271.74
1999-2000	46,94,129	380.41
2000-01	61,05,977	518.99
2001-02	77,84,491	742.05

(b) The Government has announced the National Health Policy 2002 which envisages a social health insurance scheme funded by the Government and with service delivery through the private sector to be introduced on a pilot basis in a limited number of representative districts. The policy also encourages the setting up of private insurance instruments for increasing the scope of the coverage of the secondary and tertiary sector under private health insurance package. The four public general insurance compaines have also introduced a low cost mediclaim policy called "Jan Arogya". The scheme is primarily meant for the larger segment of the population who cannot afford the high cost of medical treatment. The limit of cover per person is Rs. 5,000/- per annum.

Eradication of Malaria

1900. SHRI M.V. RAJASEKHARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are considering total eradication of Malaria in the country;

(b)if so, the effective measures taken in 2002-2003 alongwith the details thereof;

(c) whether Government are considering any other effective medicines for the eradication of Malaria; and

(d) whether Government are considering ICON as the effective medicine?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) Malaria is a vector-borne disease and its eradication is not technically feasible.

(b) For control of Malaria and related deaths, National Anti-Malaria Programme (NAMP) has been in operation in the country as a Category-II Centrally Sporsored Scheme. Central Govt. provide assistance to the State in the form of drugs, insecticides and larvicides. In addition, an Enhanced Malaria Control Project (EMCP) with World Bank support in predominantly tribal areas of 8 States is being implementing for control of Malaria since 1997. 100% Central Assistance is also being provided to North-Eastern States for Malaria control since December, 1994.

Strategies adopted for control of Malaria include:—

* Early case detection and prompt treatment.
* Selective vector control.
* Promotion of personal protection methods.
* Early detection and containment of epidemics.
* Information, Education and Communication towards personal prevention and community participation.
* Institutional and Management Capacity Building, Trained Manpower Development and efficient Management Information System (MIS).

(c) and (d) No, Sir. ICON is a brand name for Synthetic Pyrethroid. This is an insecticide and can not be used as a medicine.

Opening of CGHS dispensaries

1901. SHRI LALIT SURI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether there is any proposal under Government's considered to open more CGHS dispensaries in Delhi, particularly in West and North Delhi where there is a concentration of pensioners covered under CGHS so as to ease over-crowding in the existing dispensaries in Delhi; and

(b) if so, the details thereof, indicating the places selected for the purpose and by when each is expected to start functioning?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRIMATI SUSHMA SWARAJ): (a) and (b) A proposal for opening of new CGHS Dispensaries in Najafgarh, Vasant Vihar, Vikas Puri, Mayur